

## ARLINGTON HOUSING AUTHORITY APPLICATION FOR CONTINUED OCCUPANCY

To be completed by **HEAD OF HOUSEHOLD**.

1. **ALL PERSONS LIVING IN HOUSEHOLD:** Give the name and relationship to you of all persons living in household and the exact date of birth. Please provide all Social Security numbers so that all income amounts can be verified. Our use of the Social Security number is limited to income verification.

<u>Members of Household</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>School/Work Status</u>	<u>Social Security Number</u>
_____	HEAD	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **TOTAL GROSS INCOME** of your household from all sources (verification required):

- a. Annual gross wages or salary before deductions for income tax or social security, for all family members (gross pay).

<u>Name</u>	<u>Employer/Address/Phone</u>	<u>Earnings</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- b. Interest, dividends (Form 1099) \$ \_\_\_\_\_
- c. Commissions, tips, bonuses, other income (Form 1099) \$ \_\_\_\_\_
- d. Net income, not less than 85% of gross receipts, from business/profession (Form 1040 and all schedules) \$ \_\_\_\_\_
- e. Pension, annuity, retirement \$ \_\_\_\_\_
- f. Alimony, child support and/or foster care received \$ \_\_\_\_\_
- g. Unemployment, disability, workers compensation \$ \_\_\_\_\_
- h. Social Security benefits \$ \_\_\_\_\_
- i. Regular cash receipts from public assistance (TAFDC, General Relief) \$ \_\_\_\_\_
- j. Veteran benefits – please specify \$ \_\_\_\_\_
- k. Rental or any other income – please specify \$ \_\_\_\_\_
- l. Regular allowances (such as Lottery winnings) or gifts from another person \$ \_\_\_\_\_

**TOTAL GROSS HOUSEHOLD INCOME:** \$ \_\_\_\_\_

3. **ALLOWABLE DEDUCTIONS** from gross income (subject to verification):

- a. \$400.00 for HEAD if age 60 or older or handicapped \$ \_\_\_\_\_
  - b. \$300.00 for each minor member (under age 18) and each income-contributing adult member other than the HEAD \$ \_\_\_\_\_
  - c. Non-reimbursable medical expenses over 3% of gross income (including medical/dental insurance) \$ \_\_\_\_\_
  - d. Care of children/sick persons necessary for employment \$ \_\_\_\_\_
  - e. Support payments made (child, alimony) \$ \_\_\_\_\_
  - f. Tuition and fees: vocationally-related post-secondary education for member other than full-time student \$ \_\_\_\_\_
  - g. Necessary handicapped homemaking/household expenses \$ \_\_\_\_\_
  - h. Special handicapped transportation costs \$ \_\_\_\_\_
  - i. Tenant-supplied heat: 2BR = \$500 3BR = \$600 \$ \_\_\_\_\_
- TOTAL DEDUCTIONS:** \$ \_\_\_\_\_

**WELFARE-TO-WORK INCOME EXCLUSION:** (A) to be taken this year (B) deferred (C) not applicable  
*(circle A, B or C)*

Member(s) Name \_\_\_\_\_

Income source for previous 12 months \_\_\_\_\_

Current income source and amount for this member(s) \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that the financial data (income and deductions) that I have supplied is timely and accurate in all respects. I understand that misrepresentation of these facts is grounds for eviction.

**Signed under pains and penalties of perjury.**

Signature \_\_\_\_\_  
(HEAD)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(CO-HEAD)

Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

**VEHICLE(s):**

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_